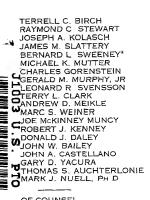


BIRCH, STEWART, KOLASCH & BIRCH, LLP 1



OF COUNSEL
HERBERT M BIRCH (1905-1996)
ELLIOT A. GOLDBERG*
WILLIAM L. GATES*
EDWARD H. VALANCE
RUPERT J. BRADY (RET)*
F. PRINCE BUTLER
FRED S. WHISENHUNT
JAMES W. HELLWEGE
*ADMITTEO TO A BAR OTHER THAN VA

INTELLECTUAL PROPERTY LAW
8110 GATEHOUSE ROAD
SUITE 500 EAST
FALLS CHURCH, VA 22042-1210
US A

(703) 205-8000

FAX (703) 205-8050 (703) 698-8590 (G IV)

e-mail: mailroom@bskb.com web: http://www.bskb.com

CALIFORNIA OFFICE COSTA MESA, CALIFORNIA JAMES T ELLER, JR
SCOTT L LOWE
D RICHARD ANDERSON
PAUL C. LEWIS
MARK W MILSTEAD*
RICHARD J GALLAGHER
JAYNE M SAYDAH*
MARYANNE ARMSTRONG, PH D
HYUNG N SOHN
KECIA J REYNOLDS
ROBERT L SCOTT, II
KALPANA REDDY
REG PATENT AGENT
FREDERICK R. HANDRE
MAKI HATSUMI
CRAIG A. MCROBBIE
GARTH M DAHLEN, PH
ROBERT E GOOZNER
MATTHEW J LATTIC
TIMOTHY R WYCKOTT
KRISTI L RUPERT, HID
LARRY J HUME
ALBERT K. LEE
HRAYR A SAYADIAN, PH D
MATTHEW T SHANLEY
JASON W RHODES
CHRISTINA F ANNICK

	Date: <u>June 22, 2001</u>
D	ocket No.: 1200-0101P
. 2001 0.5 : Transport	
Massistant Commissioner for Patents	
BOX PATENT APPLICATION	
Washington, D.C. 20231	
W MSir:	
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Transmitted herewith for filing is	the patent application of
Inventor(s): TAKASE, Isamu For: SYSTEM FOR THERAPY MANAGEM	
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G William I	
For: SYSTEM FOR THERAPY MANAGEM	ENT AND TERMINAL USED THEREFOR
TOTAL CONTROL	
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Enclosed are:	
V A specification sensisting of	F2
X A specification consisting of	53 pages
V 12 about (a) of EODMAI da	awinga
X 13 sheet(s) of FORMAL dr	awings
XV An assignment of the inventio	n - \$40 00 Pogording Foo
	n - \$40.00 Recording ree
Certified copy of Priority Do	cument (a)
certified copy of filloffey bo	Cullette (b)
X Executed Declaration X Or	iginal Photogopy
x Applicant claims small entity	status in accordance with 37 CFR 1.27
Application Data Sheet in acc	ordance with 37 C.F.R. 1.76

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.	Prelimin	ary	Ame	endme	nt													
_	Informat	ion	Di	sclos	ure	Statemer	nt, P	TO-	1449 and	l re	fe	ren	ce	(s)			
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£,	BASIC FEE	***	***	****	***	******** ******				or	**** ****				\$355.00			
	TOTAL CLAIMS			20 =		0		=\$	0.00	or	x	9	=	\$	0.00			
	INDEPENDENT	3		3 =		0	x80	=\$	0.00	or	x	40	=	\$	0.00			

TOTAL \$ 0.00

TOTAL \$ 355.00

0.00|or|+135 = \$

0.00

A check in the amount of $\frac{395.00}{100}$ to cover the filing fee and recording fee (if applicable) is enclosed.

Please charge Deposit Account No. 02-2448 in the amount of \$____. A triplicate copy of this transmittal form is enclosed.

No fee is enclosed.

MULTIPLE DEPENDENT

CLAIM PRESENTED

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II that the man that the

Please send correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or Customer No. 2292 P.O. Box 747

Falls Church, VA 22040-0747 Telephone: (703) 205-8000

no_

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

JAMES M. SLATTERY

Reg. No. 28,380 P. O. Box 747

Falls Church, Virginia 22040-0747

(703) 205-8000 JMS/tf